



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

January 14, 2022

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

DISASTER RELIEF STATE PLAN AMENDMENT 22-0004: COVERAGE FOR COVID-19 TESTS PERFORMED BY PHARMACIES; COVERAGE FOR AT-HOME COVID-19 TEST KITS; INCREASE REIMBURSEMENT RATE FOR COVID-19 VACCINES ADMINISTERED IN HOME/GROUP SETTINGS; AND COVERAGE FOR COVID-19 VACCINE COUNSELING-ONLY SERVICES

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting the enclosed Disaster State Plan Amendment (SPA) 22-0004 documents for your review and approval. DHCS seeks to align this SPA with the duration of the public health emergency.

### **Home COVID-19 Tests**

As required by Section 9811 of the American Rescue Plan Act, DHCS seeks to add FDA-authorized COVID-19 diagnostic and screening test kits, including “point of care” and “home” test kits, and their administration, without cost sharing. The effective date will be March 11, 2021. Home test kits provided on or after February 1, 2022 can be billed and reimbursed as a pharmacy-billed medical supply benefit through the Medi-Cal fee for service system for pharmacy benefits (Medi-Cal Rx). DHCS will establish a Maximum Allowable Product Cost (MAPC) and will pay the MAPC plus 23 percent markup. DHCS will not reimburse providers for test kits obtained at no cost. For home test kits provided between March 11, 2021, and January 31, 2022, DHCS will reimburse beneficiaries the retail costs with a receipt.

### **Vaccine Administration Provided in Group/At-Home Settings**

DHCS seeks to increase the reimbursement rate for COVID-19 vaccine administration provided in group/at-home settings, effective June 8, 2021. Increased COVID-19 vaccine administration fee will be paid at 100 percent of the Medicare at-home COVID-19 vaccination add-on rate when administered at in-home group settings for all doses,

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in smaller group homes, assisted living facilities, and other group living situations. DHCS will follow the Medicare policy on how and when the at-home add-on rate is applied. The effective date is June 8, 2021.

### **COVID-19 and Pediatric Vaccine Counseling-Only Visits**

DHCS seeks to add COVID-19 and pediatric vaccine counseling-only visits for children under 21 years of age as a benefit of Early and Periodic Screening, Diagnostic, and Treatment, as authorized by Section 9811 of the American Rescue Plan, and for adults when covered within the scope of practice of the provider. The effective date is December 2, 2021, the date that CMS issued the press release announcing this requirement.

DHCS also seeks to add COVID-19 vaccine counseling-only under the Local Education Agency Billing Options Program (LEA BOP) for children under 21 years of age. These services will be reimbursed pursuant to Attachment 4.19-B Supplement 8, "Payment for Local Education Agency (LEA) Services," as described in the SPA.

### **COVID-19 Testing as a Pharmacy Service**

DHCS seeks to reimburse pharmacies that possess a Clinical Laboratory Improvement Amendment (CLIA) Waiver of Certificate for providing CLIA-waived COVID-19 tests as a pharmacy service at the Medicare rate, effective February 1, 2022.

DHCS is submitting the following documents for your review and approval:

- CMS 179 - Transmittal and Notice of Approval of State Plan Material
- Disaster SPA template

The fiscal estimate for the CMS 179 form a reflects the federal share for the fee-for-service population, prorated for the federal fiscal years, starting with the earliest effective date listed in the SPA. DHCS will submit the responses to the standard funding questions and methodology for the fiscal estimate shortly after formal submission of the SPA.

To the extent there is a direct impact to the tribal health programs requiring a notice, DHCS requests a 10 business-day notice period that will occur after the SPA is submitted to CMS for approval.

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If you have any questions, or need additional information, please contact Ms. Lisa Murawski, Chief, Benefits Division, at (916) 345-8240.

Sincerely,



Jacey Cooper  
State Medicaid Director  
Chief Deputy Director  
Health Care Programs

Enclosures

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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 4

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subp. F, 42 CFR 440.30, 42 CFR 440.130, SSA 1905(a)(4)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2020-21 \$ 987,825  
b. FFY 2021-22 \$ 29,442,051

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4 pages 90IIIIII-90VVVVVV

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

n/a

9. SUBJECT OF AMENDMENT

Coverage for pharmacies billing for COVID-19 tests; reimbursement for the home COVID-19 test kits; rates for in-home COVID-19 vaccine administration in group settings; and COVID-19 vaccine counseling-only visits.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

January 14, 2022

15. RETURN TO

Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

## Section 7 – General Provisions

### 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

Effective from March 11, 2021, home COVID-19 test kits are a covered benefit.

Effective June 8, 2021, the state seeks to increase COVID-19 vaccine administration rates when administered at in-home group settings.

Effective December 2, 2021, COVID-19 and pediatric vaccine counseling to children under 21 years of age is a covered benefit under Early and Periodic Screening, Diagnostic, and Treatment, and COVID-19 vaccine counseling for adults ages 21 and older is covered.

Effective December 2, 2021, COVID-19 vaccine counseling to children under 21 years of age is a covered benefit under the Local Education Agency Medi-Cal Billing Options Program (LEA BOP).

Effective February 1, 2022, the state seeks to allow COVID-19 tests performed by a pharmacy with a CLIA waiver of certificate to be reimbursed.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

TN: 22-0004

Supersedes TN: None

Approval Date: \_\_\_\_\_

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This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, 12/15/21, and 12/22/21; it does not supersede anything approved in those SPAs.

**Request for Waivers under Section 1135**

X  The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.  X  SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b.  X  Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c.  X  Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*  
To the extent there is a direct impact to Tribal Health Programs requiring a notice, California requests a 10 business-day notice period that will occur after the SPA is submitted to CMS for approval.

**Section A – Eligibility**

- 1.   The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*

- 2.   The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
  - a.   All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: \_\_\_\_\_

-or-

TN:  22-0004   
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- b. \_\_\_\_\_ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: \_\_\_\_\_

3. \_\_\_\_\_ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. \_\_\_\_\_ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. \_\_\_\_\_ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. \_\_\_\_\_ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

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**Section B – Enrollment**

1. \_\_\_\_\_ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

*Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.*

2. \_\_\_\_\_ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

*Please describe any limitations related to the populations included or the number of allowable PE periods.*

3. \_\_\_\_\_ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

*Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.*

4. \_\_\_\_\_ The agency adopts a total of \_\_\_\_\_ months (not to exceed 12 months) continuous eligibility for children under age enter age \_\_\_\_\_ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. \_\_\_\_\_ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every \_\_\_\_\_ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

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6. \_\_\_\_\_ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. \_\_\_\_\_ The agency uses a simplified paper application.
  - b. \_\_\_\_\_ The agency uses a simplified online application.
  - c. \_\_\_\_\_ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

**Section C – Premiums and Cost Sharing**

1. \_\_\_\_\_ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

*Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).*

2. \_\_\_\_\_ The agency suspends enrollment fees, premiums and similar charges for:
- a. \_\_\_\_\_ All beneficiaries
  - b. \_\_\_\_\_ The following eligibility groups or categorical populations:

*Please list the applicable eligibility groups or populations.*

3. \_\_\_\_\_ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

*Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.*

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**Section D – Benefits**

*Benefits:*

1.        The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):
  
2.   X   The agency makes the following adjustments to benefits currently covered in the state plan:

Pharmacies, as generally described as pharmacist services in State Plan Attachment 3.1-A, Item 6d.9, page 12a.7, with a CLIA Waiver of Certificate may provide CLIA-waived COVID-19 tests.

COVID-19 Diagnostic and Screening Test Kits, including Home Kits: Effective March 11, 2021, FDA-authorized COVID-19 diagnostic and screening test kits, including home test kits, and their administration are a covered benefit, without cost sharing. The tests require dispensing from a pharmacy, written (or electronic equivalent) on a prescription signed by a licensed prescriber or a pharmacist. Test kits are limited to eight tests per beneficiary per month (or four test kits that include two separate tests). This limit can be exceeded if ordered or administered by a provider following an individualized clinical assessment.

COVID-19 Vaccine and Pediatric Counseling-Only Visits: Effective December 2, 2021, mandatory COVID-19 vaccine and pediatric counseling-only visits are covered for children under 21 years of age under Early and Periodic Screening, Diagnostic, and Treatment, and for adults when provided within the scope of practice of the provider. Counseling-only visits cannot be combined with vaccine administration or another billable service.

Effective December 2, 2021, the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) will allow for the provision of COVID-19 vaccine counseling services as a reimbursable service. LEA BOP will apply the existing utilization control at 4 units of service per student, per provider, per practitioner type per day.

3.   X   The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
  
4.   X   Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
  - a.   X   The agency assures that these newly added and/or adjusted benefits will be

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made available to individuals receiving services under ABPs.

- b. \_\_\_ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

*Telehealth:*

5. \_\_\_ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

*Please describe.*

*Drug Benefit:*

6. \_\_\_ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

7. \_\_\_ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. \_\_\_ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

*Please describe the manner in which professional dispensing fees are adjusted.*

9. \_\_\_ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

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**Section E – Payments**

*Optional benefits described in Section D:*

1.  Newly added benefits described in Section D are paid using the following methodology:

a.  Published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

b.  Other:

*Describe methodology here.*

For FDA-authorized COVID-19 antigen test kits, including “home” test kits, DHCS will establish a Maximum Allowable Product Cost (MAPC) and will pay the MAPC plus 23 percent markup, effective February 1, 2022. DHCS will not reimburse providers for test kits obtained at no cost. For FDA –authorized COVID-19 antigen home test kits provided between March 11, 2021, and January 31, 2022, DHCS will reimburse the beneficiary for the test at the retail price with a receipt.

COVID-19 vaccine counseling-only visits for children under 21 years of age under Early and Periodic Screening, Diagnostic, and Treatment, and COVID-19 vaccine counseling-only visits for adults ages 21 and older are paid at 100 percent of the Medicare rate, effective December 2, 2021. COVID-19 vaccine counseling-only services are limited to one session per day per beneficiary. Non-COVID-19 pediatric vaccine counseling-only services will be paid at 80% of the Medicare rate. Federally Qualified Health Centers (FQHCs), including Tribal FQHCs, Tribal 638 Clinics, and Rural Health Centers, will receive their Prospective Payment System(PPS)/All-Inclusive Rate, as applicable, for vaccine counseling-only visits for children and adults when provided by a billable provider.

For LEA BOP, COVID-19 vaccine counseling services will be reimbursed pursuant to Attachment 4.19-B Supplement 8, “Payment for Local Education Agency (LEA) Services,” effective December 2, 2021. Interim rates for COVID-19 counseling services will be established per 15-minute increment by practitioner type and billed as health education/anticipatory guidance, set forth as a covered EPSDT service for Local Educational Agency providers in the State Plan.

Rates for COVID-19 counseling services for 15-minutes will be based upon current maximum allowable rate for specific provider types. Rates for physicians, physician assistants and registered nurses will be \$21.85. Rates for psychologists, marriage and

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family therapists, counselors and social workers will be \$23.39. Rates for associate marriage and family therapists and registered associate clinical social workers will be \$9.59. Providers will be reimbursed interim rates for COVID-19 counseling services per unit of service at the lesser of the provider's billed charges or the interim rate. On an annual basis, a LEA-specific cost reconciliation for all over and under payments will be processed via a cost reconciliation and final settlement process. LEA BOP will reimburse providers the interim rate at the applicable FMAP and will recover the 100% FFP specific to COVID-19 counseling services through the annual cost reconciliation process.

Medi-Cal will pay 100 percent of the Medicare rate as the reimbursement methodology for procedure codes related to CLIA-waived COVID-19 tests performed by pharmacies, effective February 1, 2022.

*Increases to state plan payment methodologies:*

2.  X  The agency increases payment rates for the following services:

COVID-19 vaccine administration rate will be paid at the enhanced Medicare rate of \$75 when the vaccine is provided in the home of a Medi-Cal beneficiary who is unable to travel to a vaccination site when the sole purpose of the visit is to administer the vaccine.

- a.   Payment increases are targeted based on the following criteria:

- b. Payments are increased through:

- i.  X  A supplemental payment or add-on within applicable upper payment limits:

*Please describe.*

Increased COVID-19 vaccine administration fee will be paid at 100% of the Medicare at-home COVID-19 vaccination administration add-on rate when administered at in-home group settings, all doses, in smaller group homes, assisted living facilities, and other group living situations, effective June 8, 2021. DHCS will follow the Medicare policy on how and when the at-home add-on rate is applied.

- ii.  X  An increase to rates as described below.

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Rates are increased:

Uniformly by the following percentage: \_\_\_\_\_

Through a modification to published fee schedules –

Effective date (enter date of change): 07/01/2020

Location (list published location): <https://files.medical.ca.gov/Rates/RatesHome.aspx>

Up to the Medicare payments for equivalent services.

By the following factors:

*Please describe.*

*Payment for services delivered via telehealth:*

3.  For the duration of the emergency, the state authorizes payments for telehealth services that:

- a.  Are not otherwise paid under the Medicaid state plan;
- b.  Differ from payments for the same services when provided face to face;
- c.  Differ from current state plan provisions governing reimbursement for telehealth;

*Describe telehealth payment variation.*

- d.  Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
  - i.  Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
  - ii.  Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

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Other:

4. \_\_\_\_\_ Other payment changes:

*Please describe.*

**Section F – Post-Eligibility Treatment of Income**

1. \_\_\_\_\_ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
  - a. \_\_\_\_\_ The individual's total income
  - b. \_\_\_\_\_ 300 percent of the SSI federal benefit rate
  - c. \_\_\_\_\_ Other reasonable amount: \_\_\_\_\_
2. \_\_\_\_\_ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

*Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.*

**Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information**

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review

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Effective Date: 07/01/2020

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State/Territory: California

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Disaster Relief SPA #14

instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

TN: 22-0004

Supersedes TN: None

Approval Date: \_\_\_\_\_

Effective Date: 07/01/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, 12/15/21, and 12/22/21; it does not supersede anything approved in those SPAs.